

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

5687

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Gary W Yingst

P.O. Box, Bldg., Room No., if any

Street 2445 Bedford Circle

City Bedford

State Texas ZIP Code + 4 76021

4. Name, file number, and address of labor organization.

Name Transport Workers Union

Labor Organization File Number 000-218

P.O. Box, Building and Room Number, if any

Street 1700 Broadway, Second Floor

City New York

State New York ZIP Code + 4 10019

5. Position in labor organization.

Intl VP - Asst Director ATD

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name American Airlines, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4333 Amon Carter Blvd

City Fort Worth

State Texas ZIP Code + 4 76155

7.a. Nature of Interest, Transaction, or Income.

A5 pass for air travel. See Attached.
Part 7a and 7b

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

06/29/2005

Date

212-259-4900

Telephone Number

Name of Person Filing Gary Yingst	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text"/></div> <p>12.b. Amount. <input type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>



Air Transport Division



RE: LM30 Attachment - Section 7a and 7b
LABOR: 000-218
From: Gary W. Yingst - Intl V.P. - Asst. ATD Director
Date: June 30, 2005
A5 Pass Holders

Transport Workers Union

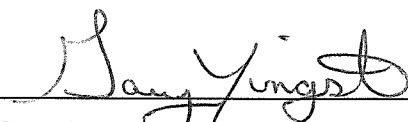
1791 Hurstview Dr
Hurst, TX 76054
Office: 817-282-2544
Fax: 817-282-1906
Email: info@twuatd.org

Answer to Question 7A - Asking for the Nature of the Interest, Transaction, or Income

An A5 pass for airline travel, which permits me to fly for free on American Airlines for business purposes and allows myself and my wife to fly at the reduced employee rate on a space available basis on the airline for personal purposes, which is the same benefit that the airline provides to its other employees and their families.

Answer to Question 7B - Requesting the Amount of the Interest, Transaction or Income

I used the A5 pass for business travel approximately 3 or 4 times a month during 2004. As I would have been eligible to travel on those flights at reduced rates as an American employee provided there was space available, and airline ticket prices were highly variable over the course of 2004, the approximate value of these flights to me is not reasonably determinable at this juncture.

Signed  on 06/29/2005
Gary W. Yingst